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Date: June 23, 2005
To: USPTO 703-872-9306
From: Peter D. Sachtjen
Re: Serial No.: 10/073,778 NEWSOME

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Please forward the attached response to office action to Examiner Robert J. POPOVICS in Art Unit 1724. There are 6 pages in the attached response (not including this cover page).

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|--|----------------------|
| Application Number | 10/073,778 |
| Filing Date | 02/11/2002 |
| First Named Inventor | NEWSOME, David Ralph |
| Art Unit | 1724 |
| Examiner Name | POPOVICS, Robert J. |
| Total Number of Pages in This Submission | 6 |
| Attorney Docket Number | 5170-02-02 |

ENCLOSURES (Check all that apply)

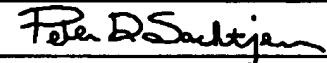
| | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Mills Law Firm PLLC | | |
| Signature |  | | |
| Printed name | Peter D. Sachtjen | | |
| Date | 06/23/2005 | Reg. No. | 24,619 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|------------|
| Signature |  | | |
| Typed or printed name | Peter D. Sachtjen | Date | 06/23/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Newsome, David Ralph
Title: CLOSED LOOP PROCESSING SYSTEM
FOR WASTE CROPS
Serial No.: 10/073,778
Filing Date: 02/11/2002
Art Unit: 1724
Examiner: Popovics, Robert J.
Docket No.: P-5170-02-02
Last Action: June 15, 2005
Customer No. 23983

Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT

Responsive to the Office Action of June 15, 2005, please amend the above-identified application as follows:

In the Claims:

Amend claims as set forth in the attached Claims Status.